

CITY OF MILWAUKEE INSURANCE REQUIREMENTS

- A. The “City of Milwaukee” must be named as additional insured.
- B. The insurance certificate must be an **original** and issued by companies licensed to do business in the State of Wisconsin or signed by an agent licensed by the State of Wisconsin.
- C. The cancellation clause must be amended to read as follows: ***“Should any of the above – described policies be canceled before the expiration date thereof, the issuing company will endeavor to mail 10 days written notice to the certificate holder named to the left.” (See attached sample)***
- D. The original insurance certificate must be accompanied by an **original** “Affidavit of No Interest” setting forth that: No City Official or employee has or will receive anything of value in connection with the furnishing of said insurance certificate.
1. The affidavit must be notarized and signed by the same Wisconsin Agent or Surplus Lines Intermediary who signed the insurance certificate.
- E. The corresponding City bid, contract and/or purchase order numbers must be referenced on the insurance certificate. **(RFP 1851)**
- F. The certificate holder shall be noted as:
City of Milwaukee-DOA-Procurement Services
200 E. Wells Street, Room 601
Milwaukee, WI 53202
Attn: J. Wilant **(RFP 1851)**

COVERAGE	AMOUNT
Worker’s Compensation	Statutory Limits
Comprehensive General Liability	Bodily Injury: \$500,000 per occurrence \$1,000,000 aggregate Property Damage: \$500,000 per occurrence \$500,000 aggregate
Automobile Liability	Bodily Injury: \$500,000 per person \$1,000,000 per occurrence Property Damage: \$500,000 per occurrence
Professional Liability (when applicable)	\$1,000,000 per occurrence

The City of Milwaukee shall be named as an additional insured with respect to liability coverage other than professional liability, and will be given 10 days notice in advance of cancellation, non-renewal, or material change in any coverage. A certificate of insurance evidencing such coverage shall be approved by the City Attorney and placed on file with the City of Milwaukee prior to commencement of work under this contract. **The City Purchasing Director reserves the right to examine and approve the actual policy of insurance before the City executes any Contract for this purchase.**

CERTIFICATE OF INSURANCE REQUIREMENTS

To comply with the requirements as issued by Risk Manager, Office of City Attorney, the CANCELLATION CLAUSE on the certificate MUST be modified and revised as shown below.

If this CANCELLATION CLAUSE is not modified according to the sample below, the Certificate of Insurance will be rejected by the City and will cause delay in the commencement of your Contractor's activities.

REQUIRED CANCELLATION LANGUAGE

“SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT. ~~BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.~~”

NOTE: THE CITY OF MILWAUKEE MUST BE NAMED AS ADDITIONAL INSURED ON THE CERTIFICATE OF INSURANCE.

If the insurance company(ies) listed on the insurance certificate do not allow modifications to the Cancellation Clause, include a letter with the insurance certificate to explain the reason why the cancellation clause cannot be changed as requested above.

Please forward this information to your Insurance Company.

The Corresponding City bid, contract and/or purchase order numbers must be referenced on the insurance certificate. **(EX: RFP 1851)**

The Certificate holder shall be noted as:

City of Milwaukee-DOA-Procurement Services
200 E Wells Street, Room 601
Milwaukee, WI 53202
Attn: J. Wilant **(RFP 1851)**

AFFIDAVIT OF NO INTEREST

**AFFIDAVIT MUST ACCOMPANY EACH CERTIFICATE OF INSURANCE
ISSUED, INCLUDING NEW AND RENEWALS**

_____, being first duly sworn, on oath deposes and
(Insurance Agent that signed the insurance certificate submitted)¹

says that he/she is the agent of the

_____, insurer, on the attached certificate issued
(Insurance Company(s) Named on Insurance Certificate that apply
-listed under Insurers Affording Coverage)

to _____
(Name of Insured/Contractor listed on insurance certificate)

Affiant further deposes and says that no officer, official or employee of the City of Milwaukee has any interest, directly or indirectly, or is receiving any premium, commission, fee or other thing of value in connection with the furnishing of said insurance certificate.

(Agent's Signature)

STATE OF _____
SS
_____ COUNTY

Subscribed and sworn to before me this _____ day of _____,
20 _____.

_____, Notary Public

My Commission expires: _____.

**NOTE: THIS "AFFIDAVIT OF NO INTEREST" MUST BE COMPLETED
AND
SIGNED BY THE PERSON WHO EXECUTED THE CERTIFICATE OF
INSURANCE, AND SUBMITTED WITH YOUR CERTIFICATE OF
INSURANCE.**

¹ The name of the insurance agent signing this affidavit – not the name of the insurance company. The same agent whose name/signature is on the insurance certificate must complete this affidavit.
Ref: Insreq.rev6.06